

Executive Summary
Department of Veterans Affairs

Addressing co-morbidities, complications and psychosocial issues associated with traumatic amputation

Issues

- I. One of the major injuries seen as a result of Operation Iraqi and Enduring Freedom (OIF/OEF) is traumatic amputation
- II. Combat amputees represent a unique patient population when compared to those that result from diabetes or peripheral vascular disease. Not only are combat amputees younger, but are more likely to have multiple co-morbid injuries and develop long-term complications.
- III. In order to address these issues within Medical Treatment Facilities (MTFs) such as Walter Reed Army Medical Center (WRAMC) and Brooke Army Medical Center (BAMC) to ensure continuity of health care, the Veterans Health Administration must develop short- and long-term plans of action to care for the healthcare needs of returning amputees.

Background

- I. As of 1 May 2004, over 120 combat casualties have returned from OEF/OIF with one or more major limb amputation. Although the majority of amputees are below-knee single amputees, many have lost multiple limbs and/or suffered multiple injuries that can act as barriers to their short- and long-term rehabilitation goals. Common secondary medical and surgical conditions include fractures, soft tissue injuries, burns, nerve injuries, traumatic brain injury (TBI) as well as spinal cord injury (SCI). Secondary complications include infection, venous thrombosis (DVT), heterotopic ossification (HO), contractures, and pain. Psychological issues include depression, poor adjustment to disability, and post-traumatic stress disorder (PTSD). These issues often significantly impact on short- and long-term outcomes.
- II. Presently, WRAMC and BAMC have established comprehensive specialized amputee centers and have gained experience in treating combat amputees, managing their co-morbidities and preventing secondary complications. In order to ensure comprehensive long-term care for these patients the Veteran's Administration must be prepared to treat these patients and ensure the highest quality of care.
- III. Military MTF's and VA must take a systematic approach to examine how best to address the long-term needs of this unique patient population.

Discussion and Recommendations:

There are multiple issues to discuss when addressing the common co-morbidities, secondary complications, psychological issues and social barriers associated with traumatic amputation in the combat casualty.

Prioritizing strategies to address these issues need to be examined. Should attention be focused on the most common problems or those that have the most significant impact on quality of life? During this debate, one must always keep at the center of discussion the patient's well being, reintegration into society, as well as long-term outcome.

It is time to examine how VA addresses secondary issues associated with traumatic limb loss. Some of these issues such as PTSD are not unique to amputees whereas others such as self-perception and adjustment to prostheses are. Should VA centralize some of its resources addressing these unique issues and/or bolster existing programs throughout VA? Suggestions for the determination of best care include: (1) formation of a task force to determine what secondary exist for these soldiers, (2) literature reviews to assess possible long-term effects, (3) determination of tracking methods for short and long-term secondary issues, (4) inclusion of secondary complications in VA/DoD database, and assessment of training procedures and experience of VA clinicians dealing with issues unique to traumatic amputees.